

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO**  
**APPLICATION FOR HEALTH PERMIT/INSPECTION – PERMANENT FACILITIES**  
2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406 – (805) 781-5544

**We now accept Visa, MasterCard and Discover over the phone and at our office.**

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN  
APPROVAL FROM THIS DIVISION BEFORE OPERATING.**

☐ **CHANGE OF OWNERSHIP**

OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_ FORMER FOOD BUSINESS  
(NAME ON PERMIT) \_\_\_\_\_ AT THIS LOCATION \_\_\_\_\_

TYPE OF ESTABLISHMENT \_\_\_\_\_

SEATING CAPACITY \_\_\_\_\_ or SQUARE FEET \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS  
MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MAIL PERMIT TO:

☐ BUSINESS ADDRESS

☐ MAILING ADDRESS

IS YOUR FACILITY USED AS A COMMISSARY: YES NO (IF YES, LIST VENDORS BELOW):

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**COMPUTER INFORMATION**

RECORD ID # \_\_\_\_\_ PROGRAM # \_\_\_\_\_ ELEMENT \_\_\_\_\_ INITIALS \_\_\_\_\_

AMOUNT DUE \_\_\_\_\_ ( ) PAID ( ) STILL OWES \_\_\_\_\_

( ) CASH ( ) CHECK # \_\_\_\_\_ ( ) CC AUTH # \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT EXPIRATION DATE SET TO: